

**ARIZONA DEPARTMENT OF TRANSPORTATION
SPECIAL EVENT PERMIT APPLICATION**

Application is made by the undersigned to enter upon the highway right-of-way for the following special event:

on Highway(s) _____ Beginning MP _____ End MP _____ In or near _____

on the following date(s): _____ Start Time _____ End Time _____

Applicant Name: _____ Title: _____ Phone: _____

(Organization) (Address) (City) (State) (Zip)

A Certificate of Insurance in the amount of \$1 million, naming the State and the Arizona Department of Transportation as additional insured as their interests may appear, is a requirement of this permit and is attached hereto and made part of the application. Such insurance shall be kept in force by the permittee for the term of the permit.

The permittee shall indemnify, defend, and save harmless the State from any and all claims, demands, suits, actions, proceedings, loss, cost, and damages of every kind and description, including any attorney' fees and/or litigation expenses, which may be brought or made against or incurred by the Department on account of loss of or damage to any property or for injuries to or death of any person, caused by, arising out of, or contributed to, in whole or in part, by reasons of any alleged act, omission, professional error, fault, mistake, or negligence of the permittee, its employees, agents, representatives, or contractors or subcontractors, their employees, agents, or representatives, in connection with or incident to the performance of the work, or arising out of Workmen's Compensation claims, Unemployment Compensation claims, or Unemployment Disability Compensation claims of employees of the permittee and/or its contractors' or subcontractors', or claims under similar such laws or obligations. The permittee's obligation under this Subsection shall not extend to any liability caused by the sole negligence of the State, or its employees.

THIS PERMIT IS SUBJECT TO REVIEW BY THE ARIZONA DEPARTMENT OF ADMINISTRATION, RISK MANAGEMENT DIVISION.

Applicant Signature: _____ Date: _____

FOR DEPARTMENT USE ONLY: Permit No. _____

This application is approved with the following directions, requirements, specifications, restrictions: _____

APPROVED BY:

(Title) (Date) (Title) (Date)